

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Forster Richard M.

1. Office, Agency, or Court

Agency Name

Amador County

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors

Supervisor District II

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached List

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County See Attached List

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/22/11
(month, day, year)

Signature

Richard M. Forster

Additional Boards and Commission

January 1, 2010 through December 31, 2010

Calaveras Amador Mokelumne River Authority

Regional Council of Rural Counties

First 5

Amador County Transportation Commission

Amador County Recreation Agency

Area 12 Agency on Aging

California State Association of Counties 1100 - K street, suite 101 sac. 95814

Central Sierra Planning Council/Central Sierra Economic Development District

Local Community Benefit Committee

Mountain Counties Air Basin and Mountain Counties Water Resources

National Association of Counties

Counties Affiliated with various Boards and Commissions

Amador

Calaveras

Tuolumne

Alpine

FORM 700 Statement of Economic Interests for Calendar Year 2010

List of Agencies and Member Counties

Amador County

Supervisor Richard Forster

Agency

Position

CRHMFA Homebuyers Fund	Delegate
California Rural Home Mortgage Finance Corp	Delegate
Environmental Services Joint Powers Authority	Delegate
California Local Government Finance Authority	Delegate
Rural Health Joint Powers Authority	Delegate

List of Member Counties

Alpine County	Modoc County
Amador County	Mono County
Butte County	Napa County
Calaveras County	Nevada County
Colusa County	Placer County
Del Norte County	Plumas County
El Dorado County	San Benito County
Glenn County	San Luis Obispo County
Imperial County	Shasta County
Inyo County	Sierra County
Lake County	Siskiyou County
Lassen County	Sutter County
Madera County	Tehama County
Mariposa County	Trinity County
Merced County	Tuolumne County
	Yuba County

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Richard M. Forster

<p>► NAME OF BUSINESS ENTITY <u>Bank of Amador</u></p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY <u>Banking</u></p> <p>FAIR MARKET VALUE <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED</p>	<p>► NAME OF BUSINESS ENTITY _____</p> <p>GENERAL DESCRIPTION OF BUSINESS ACTIVITY _____</p> <p>FAIR MARKET VALUE <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000</p> <p>NATURE OF INVESTMENT <input type="checkbox"/> Stock <input type="checkbox"/> Other _____ (Describe) <input type="checkbox"/> Partnership <input type="radio"/> Income Received of \$0 - \$499 <input type="radio"/> Income Received of \$500 or More (Report on Schedule C)</p> <p>IF APPLICABLE, LIST DATE: <u> </u> / <u> </u> / <u>10</u> <u> </u> / <u> </u> / <u>10</u> ACQUIRED DISPOSED</p>
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Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Richard M. Forster

► 1. BUSINESS ENTITY OR TRUST

Forster Livestock

Name

P.O. Box 1021 Ione, CA 95640

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship

☐ Partnership

☐ _____

Other

YOUR BUSINESS POSITION _____

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☐ _____

Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$10,001 - \$100,000

☐ \$500 - \$1,000

☐ OVER \$100,000

☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

Cattleman's Livestock Market, Galt

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity or

Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or

City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/10

ACQUIRED

____/____/10

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Richard M. Forster

► STREET ADDRESS OR PRECISE LOCATION

853/857 Sutter Lane

CITY

lone, CA 95640

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10
ACQUIRED

____/____/10
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

8151 Sutter Creek-lone Road

CITY

lone, CA 95640

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/10
ACQUIRED

____/____/10
DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Wells Fargo Home Mortgage

ADDRESS (Business Address Acceptable)

P.O. Box 30427

BUSINESS ACTIVITY, IF ANY, OF LENDER

Los Angeles, CA 90030-0427

INTEREST RATE

5.95

% ☐ None

TERM (Months/Years)

April 1, 2013

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

GMAC

ADDRESS (Business Address Acceptable)

P.O. Box 89135

BUSINESS ACTIVITY, IF ANY, OF LENDER

Phoenix, AZ 85062-91355.25

INTEREST RATE

5.25

% ☐ None

TERM (Months/Years)

15 Years

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Richard M. Forster

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE Regional Council of Rural Counties	
ADDRESS (Business Address Acceptable) 1215 K Street	
CITY AND STATE Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ 945.72 (If applicable)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: Expenses paid by Regional Council of Rural Counties in 2010 for travel, lodging and meals.	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____/____/____ - ____/____/____ AMT: \$ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION:	

Comments: _____